

***“Developing Realistic Strategies and Viable Options to Provide  
Comprehensive and Affordable Health Insurance Coverage for All Michigan Citizens”  
Meeting Minutes***

**Meeting Name:** Models Development Workgroup

**Date and Time:** Wed. September 28, 2005, 1-4pm

**Location:** AARP Michigan, 309 N. Washington Square, Suite 110, Lansing, MI

**Present:** Elaine Beane, MPH; Gary Benjamin, MI Legal Services + MI UHCAN; Tameshia Bridges, PHI; Marcy Buren, Health Access; Jackie Doig, Center for Civil Justice; Paul Duguay, Michigan Association of Health Plans; Sarah Fink, MHA; Jeff Fortenbacher, Access Health; Jaeson Fournie, Ingham County Health Department; Kim Hodge, PHI; Deborah Hollis, MDCH; Sheryl Lowe, BCBSM; Del Malloch, Jackson Health Plan 3-Share; Don McMahon, MDCH; Margaret Meyers, Mercy Primary Care; Bruce Miller, Northern Health Plan; Ken Miller, MDCH; Joan Moiles, DLEG; Cherrie Mollison, Offices of the Services to the Aging; Rick Nowakowski, Wayne County Four Star; Gary Petroni, SEMHA/CPH; Valerie Przywara, HFHS; Lisa Rajt, BCBSM; Tyffany Shadd-Coleman, BCBSM; Joanne Sheldon, Lifeways CMH; Marty Kay Sherry, MPH; Kim Sibilsky, MPCA; Lucille Smith, Voices of Detroit Initiative; Colleen Sproul, HealthPlus; Vic Sztengel, Wexford Mercy PHO; Hollis Turnham, PHI; Don VeCasey, Michigan Consumer Health Care Coalition; Bob Stampfly, Michigan State University; Evert Vermeer, Healthy Kent: 2010; Teresa Wehrwein, MSU College of Nursing; Lary Wells, MLHS; Susan Yontz, Medical Services Administration; Lynda Zeller, Kent Health Plan; Lody Zwarensteyn, Alliance Health; Jane Zwiers, First Presbyterian Health Clinic and FCOM

**On Conference Call:** N/A

**Action Items**

Item	Responsible	Deadline
All data requests should be submitted on the new “MDWG Data Request Form”.	All	Ongoing
The next uninsured/underinsured town hall meeting is confirmed for October 13 <sup>th</sup> in Detroit at Marygrove College. More information is posted on the website at: <a href="http://www.michigan.gov/spg">www.michigan.gov/spg</a> .	Models Workgroup participation welcomed	If available to attend the Detroit town hall meeting, please RSVP at 313-874-7443.

**Minutes**

Topic	Discussion	Conclusions
Workgroup Updates	Data Synthesis Workgroup	Preliminary data for the household and landscape surveys will be presented and discussed at the October 12 <sup>th</sup> meeting. The response rate for the employer survey continues to be low.  The Data Synthesis

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<p>Workgroup Updates (cont'd)</p>	<p>Community Interface Workgroup</p> <p>Discussion of 9/19 State Initiatives Update</p>	<p>Workgroup is working closely with the Detroit and Grand Rapids Chambers of Commerce to increase the response rate.</p> <p>To date, 7 percent, or 849 of the 12,000 surveys sent to employers have been completed.</p> <p>The response rate for employer surveys has been higher in other states. In many cases these states used cash and other incentives to encourage survey completion.</p> <p>Approximately 100 people attended the Flint Town hall meeting. Gaylord had 13 people.</p> <p>Focus groups for employers, brokers, providers and the uninsured are being planned.</p> <p>State initiatives usually target coverage expansion to either low-income workers or small employers; those targeted to low-income workers appear to have had the most success in securing coverage.</p> <p>Maine faced opposition funded by policy organizations based outside Maine. This oppositional possibility should be taken into consideration when structuring Michigan’s plan.</p> <p>States were creative in leveraging federal funds.</p> <p>A request was made to have an in-depth discussion of DSH, tobacco funds and other financing mechanisms at the October 28<sup>th</sup> meeting.</p>
<p>Detailed Group Presentation of EMET</p>	<p>Basic Coverage Model—written summary not available for the meeting</p>	<p>People covered would include working individuals and dependents.</p> <p>Regionally based product with coverage based on residency. Coverage would extend</p>

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		<p>throughout county.</p> <p>Members must select PCP within first 6 months.</p> <p>Benefits would focus on primary and preventive care, basic dental, mental health and prescription drugs.</p> <p>Model similar to expansion of 3-share model.</p>
	Universal Coverage—written summary available for the meeting	<p>Everyone would be covered, however the uninsured would be phased in first.</p> <p>Funded by (1) employer contributions (2) reduction in administration costs (3) decreasing cost via care management (4) decreasing cost by increase in primary care access.</p> <p>Coverage would be portable and seamless.</p> <p>Benefits would be tiered and people could purchase additional coverage. Basic benefits would include: Primary care, defined pharmacy, hospitalization, SA/MH, dental, targeted diseases.</p>
	Pooling – State Employees Insurance Buy-in—written summary available for the meeting	<p>Coverage would be open to anyone that wants to purchase the coverage.</p> <p>Benefits would be the same as what state employees receive.</p> <p>Use existing delivery system of PPO/HMOs</p> <p>Resource cost would increase, however savings would be achieved due to less uncompensated care.</p> <p>Equitable system, because state employees would be members and therefore have</p>

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		<p>added incentive to make sure plan is viable.</p> <p>Plan does not call for changes to current regulations.</p>
Detailed Group Presentation Presentation of EMET	Medicaid Expansion—written summary not available for the meeting	<p>Parents above current poverty level (35 and 50% of poverty) would be covered.</p> <p>Quality improvement would be focus.</p> <p>Provider rates would be increased to improve access.</p> <p>Additional physician/dental visits anticipated, as well as, an increase in lab utilization.</p> <p>ER, inpatient, nursing home, and, mental health costs may decrease, as well as, mortality and disability.</p>